

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10961

1. PLACE OF DEATH

County Dorchester
Village or City Woolfords

(131)

Registration Dist. No. 116

116

St. Ward

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Jones Asplen(a) Residence: No. Woolfords nd St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)married5a. If married, widowed, or divorced
(HUSBAND or
(or) WIFE ofEmmett Asplen

6. DATE OF BIRTH (month, day, and year)

sep 26 - 1876

7. AGE	Years <u>59</u>	Months <u>xx</u>	Days <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. own sheone
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Blacksmith
 10. Date deceased last worked at this occupation (month and year) Dec 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town)

(State or country) Woolfords nd

MOTHER FATHER

13. NAME William C Asplen14. BIRTHPLACE (city or town) Woolfords nd

(State or country)

15. MAIDEN NAME Mary Jane Parker16. BIRTHPLACE (city or town) Woolfords nd

(State or country)

17. INFORMANT Carl Asplen(Address) Woolfords nd

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Date Oct 19, 193519. UNDERTAKER John Richardson(Address) Church Street nd20. FILED Oct 18, 1935 John MooreRegistr. John Moore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 18
(Month) (Day) (Year) 193522. I HEREBY CERTIFY. That I attended deceased from Jan. 14, 1935, to Oct 18, 1935.Last saw him alive on Sept. 18, 1935; death is said to have occurred on the date stated above, at 3:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertensive cardio-vascular disease Date of onset Jan 35
Cardiac decompensation Oct 18-35
Acute cardiac failure Oct 18-35

Other Contributory Causes of importance:

Chronic diffuse nephritis ?Name of operation none Date of op. noneWhat test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury noneNature of Injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wyleen T. Fair M. D.
(Address) Paulding nd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10962

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeLength of residence in city or town where death occurred 6 yrs.

No.

Registration Dist. No. 116St. 116

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Carl Black(a) Residence: No. 138 Washington
(Usual place of abode)

St.

Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) March 10, 19217. AGE 8 Years 7 Months 1 Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. none
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation 12. BIRTHPLACE (city or town)
(State or country) Norfolk
Va13. NAME John Black
14. BIRTHPLACE (city or town)
(State or country) Norfolk
Va15. MAIDEN NAME Sarah Williams16. BIRTHPLACE (city or town)
(State or country) Norfolk
Va17. INFORMANT Sarah Lee
(Address) 138 Washington St Cambridge18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge and Date Oct 14, 193519. UNDERTAKER Lewis H. Bassett
(Address) Cambridge, Md20. FILED Oct 14, 1935 John Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 11(Month) Oct (Day) 11 (Year) 193522. I HEREBY CERTIFY, That I attended deceased from
October 11, 1935, to Oct 11, 1935; death is saidI last saw him alive on Oct 11, 1935; death is said
to have occurred on the date stated above, at 12:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:acute Bronchopneumonia
PrimaryDate of onset
10-6-35

Other Contributory Causes of importance:

Name of operation none Date of What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Carroll M. St Clair M. D.(Address) One + Cedar Sts

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

LIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	IV 6 1935 Date of onset 1921
Cerebral hemorrhage	REAU V. S. July 5, 1927 Date of onset

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 10963

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Hurlock, Maryland

Registration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Riley Linwood Brown

(a) Residence: No. Hurlock, Maryland

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 28, 1909

7. AGE 27 Years	Months 26	Days 7	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Day Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Farm
10. Date deceased last worked at this occupation (month and year)	March 1935

11. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (city or town)
(State or country)Dorchester Co.
Maryland

Date of onset

13. NAME Adam Brown

14. BIRTHPLACE (city or town)
(State or country)Dorchester Co.
Maryland

15. MAIDEN NAME Annie Jones

16. BIRTHPLACE (city or town)
(State or country)Dorchester Co.
Maryland17. INFORMANT Adam Brown
(Address)

Hurlock, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Cemetery Date Oct. 10 1935

19. UNDERTAKER J. J. Frampton & Son
(Address)

Federalsburg, Maryland

20. FILED 10/8 1935 Char. 21 Hastings
Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

10 (Month) 8 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 15th, 1935, to Oct 8/35, 1935.
I last saw him alive on Sept 1st, 1935; death is said
to have occurred on the date stated above, at 12 noon.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Tuberculosis of lungs

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Roger Myers M. D.
(Address) Hurlock, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	NOV 6 1955	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10964

1. PLACE OF DEATH

Dorchester
County _____
Village or City _____ Near Galestown

B2-a

Registration Dist. No.

110

St. _____ Ward. _____

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

John H. Calloway

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Strike the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

Etta Calloway

6. DATE OF BIRTH (month, day, and year)

April 7th, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	87	6	21	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Retired Farmer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME Aaron Calloway

Md

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Grace Waller

Md.

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Frank Calloway

248 South Carroll Blvd

(Address)

18. BURIAL, CREMATION, OR REMOVAL Highland Park, Pa.

Place Mardela

Date Oct 30, 1935

19. UNDERTAKER W.D. Gravenor & Bro,

Sharptown, Md.

(Address)

20. FILED Oct 29, 1935 Chas H. Hastings

Registrar

M. D.

(Address)

113. Public

113. Public

113. Public

21. DATE OF DEATH

Oct 28, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 28, 1935 to Oct 28, 1935

I last saw him alive on Oct 28, 1935; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterial Occlusion

Date of onset

Other Contributory Causes of Importance:

Name of operator _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature)

Chas H. Hastings

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921
	NOV 6 1935	July 5, 1927
Other contributory causes of importance:	BUREAU V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10965

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County OorVillage or City CambridgeLength of residence in city or town where death occurred 1 yrs. 8 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

24

Registration Dist. No. 11

2. FULL NAME

(a) Residence: No. Julie F. Estelle Camper(Usual place of abode) Cambridge MD RFD #2

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE Col5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 28, 18387. AGE 2

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. 10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country) Cambridge RFD #2MD

MOTHER FATHER

13. NAME George Young14. BIRTHPLACE (city or town) Cape(State or country) Md.15. MAIDEN NAME Edith Camper16. BIRTHPLACE (city or town) Drawbridge(State or country) Md.17. INFORMANT
(Address) Fannie YoungCambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Drawbridge, Md. Date Oct 29, 193519. UNDERTAKER
(Address) Charlie C. DaytonVienna Rd # 2, Md.20. FILED Oct 28, 1935Julia mouth
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 27th
(Month) 1935 (Year)22. I HEREBY CERTIFY. That I attended deceased from Oct 24, 1935, to Oct 28, 1935I last saw her alive on Oct 24, 1935; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Meningitis, tuberculousDate of onset 3

Other Contributory Causes of Importance:

Name of operation None Date of What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

John Moore Jr. M. D.
Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	Nov 6 1935 Date of onset 1921
Cerebral hemorrhage	July 5, 1927 V. S.

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10966

1. PLACE OF DEATH

County

Dorchester Co Md

186-21

Registration Dist. No.

196

Village or City

Cambridge, Md

No. Canal Ind. St., Ward

Length of residence in city or town where death occurred

yrs.

mos. 10 yrs.

ds. How long in U.S. if of foreign birth

yrs.

mos.

ds.

2. FULL NAME

Clyde Clapper

(a) Residence: No.

East Stroudsburg, Pa

Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Dorothy Bush

6. DATE OF BIRTH (month, day, and year)

4/9/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	2	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Type Fitter

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Sprinkling System

10. Date deceased last worked at this occupation (month and year)

10/11/35

11. Total time (years) spent in this occupation

13

12. BIRTHPLACE (city or town)
(State or country)

East Stroudsburg, Pa

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, Cremation, or Removal

(Place)

Date

19. UNDERTAKER

(Address)

20. FILED

10-11, 1935

John Morris

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct

1935

(Month) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

19 to 19
I last saw him alive on 19; death is said

to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fracture of skull
Contributing Cause
Intra cranial Hemorrhage
of brain

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide

Date of injury Oct 11, 1935

Where did injury occur? Toshing & Phillips, Drury Co

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Industrial

Manner of injury Falling from Scaffold

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Fall from scaffolding acting Coroner

(Signed) M. D.

(Address)

Hosp & Cold Coroners

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935	Date of onset	1915
Chronic interstitial nephritis		1921	
Cerebral hemorrhage	SURPAUL V. S.	July 5, 1927	

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10967

1. PLACE OF DEATH

County DorchesterVillage or City CambridgeLength of residence in city or town where death occurred 3 yrs.

ND.

Registration Dist. No. 16St. Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Finora Cornish(a) Residence: Nd. 29 Park Lane

(Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>f</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (write the word)
-----------------	-----------------------------	-------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of _____ (or) WIFE of _____6. DATE OF BIRTH (month, day, end year) Aug 12 19107. AGE Years 25 Months 2 Days 7 If LESS than
1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Seamstress
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. work
10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Taylor Island
(State or country) Md13. NAME James Cornish
14. BIRTHPLACE (city or town) Taylor Island
(State or country) Md15. MAIDEN NAME Emma Davis
16. BIRTHPLACE (city or town) Taylor Island
(State or country) Md17. INFORMANT Emma Sawyer
(Address) 21 Park Lane18. BURIAL, CREMATION, OR REMOVAL
Place Beckwith, Md Date 10-21-3519. UNDERTAKER W. M. St. Clair
(Address) 308 Main St. Cambridge20. FILED 10-21-1935 Registrar John Moore Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October(Month) 10 (Day) 19 (Year) 193522. I HEREBY CERTIFY, That I attended deceased from February 11, 1935 to Oct 19, 1935. I last saw him alive on Oct 17, 1935; death is said to have occurred on the date stated above, at 7:15 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Pulmonary Tuberculosis Data of onset 3-31-32

Other Contributory Causes of importance:

Name of operation none Date of —What last confirmed diagnosis? Chest Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify — (Signature) Clegg & St. Clair M. D.(Address) 308 Main St. Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I. *LIVED*

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Nov 6 1905
Chronic interstitial nephritis	Nov 20 1920
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10968

1. PLACE OF DEATH

County DorchesterVillage or City EcclesboroLength of residence in city or town where death occurred 53 yrs.

No. ✓

Registration Dist. No. 112

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Ada Dayton(a) Residence: No. Ecclesboro

St. ✓ Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

 Female

4. COLOR OR RACE

 White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLeonard A. Dayton

6. DATE OF BIRTH (month, day, and year)

10/2/1882

7. AGE

Years 52 Months " Days 15 If LESS than
f day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 9/1/35 ff. Total time (years)
spent in this occupation 2512. BIRTHPLACE (city or town)
(State or country)Ecclesboro me13. NAME Leonard Dayton
Ecclesboro me14. BIRTHPLACE (city or town)
(State or country)Ecclesboro me

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10969

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth. yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(usual place of abode)

(167)

Registration Dist. No.

116

Ward

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Florence Dennis

6. DATE OF BIRTH (month, day, and year)

April 9 1907

7. AGE

Years Months Days If LESS than
28 5 27 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

None

10. Date deceased last worked at this occupation (month and year)

Apr 5 1935

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town)

Near Willards Md.

(State or country)

13. NAME

Grant S. Dennis

14. BIRTHPLACE (city or town)

Near Willards Md.

(State or country)

15. MAIDEN NAME

Betty E. Burbage

16. BIRTHPLACE (city or town)

Powellville Md.

(State or country)

17. INFORMANT

Mrs Betty E. Dennis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Plac: Dennis Cemetery Date Oct 8th 1935

(Address)

19. UNDERTAKER

Wm. Board Dennis

(Address)

20. FILED

10-6 1935 John Moore Jr

(Address)

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 6th 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 5th 1935 to Oct 6th 1935

I last saw him alive on Oct 5th 1935; death is said

to have occurred on the date stated above, at 7:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
are as follows:Pneumonia as
Greatest Physician Oct 6th 1935
Cerebral edema
Cerebral hemorrhage

Other Contributory Causes of importance:

Bottle & profound
through Brain

Name of operation

What test confirmed diagnosis?

If death was due to external causes (VIOLENCE) give also the following:

Accident, suicide, in home, in public, place of injury

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Injuries from house fire, explosion, etc.

Nature of injury

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED	
The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	NOV 6 1935
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

RECEIVED	
The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10970

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge.

(119)

Registration Dist. No. 116

St., Ward

Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Christina Dickerson.

(a) Residence: No. Central Ave.

(Usual place of abode)

St., 4 Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
---------------	------------------------	------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Infant

6. DATE OF BIRTH (month, day, and year) 8/12/35

7. AGE Years 2	Months II	Days	If LESS than 1 day, hrs. or min.
----------------	-----------	------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Infant
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	X
10. Date deceased last worked at this occupation (month and year)	X
11. Total time (years) spent in this occupation	X

12. BIRTHPLACE (city or town),
(State or country) Cambridge, Md.

13. NAME John T. Dickerson.

14. BIRTHPLACE (city or town),
(State or country) Snow Hill, Md.

15. MAIDEN NAME Evelyn Parks

16. BIRTHPLACE (city or town),
(State or country) Cambridge, Md.17. INFORMANT John T. Dickerson
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/24/3519. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED 10-24-1935 John Schenck
(Signature)
(Address) 120 Main St, Cambridge, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 23, 1935
(Month) (Day) (Year)

22. HEREBY CERTIFY. That I attended deceased from

Sept 27 1935 to Oct 23, 1935

I last saw h. 12 alive on Oct 23, 1935; death is said to have occurred on the date stated above, at 8:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

marasmus.

Date of onset
Sept 10, 1935

Other Contributory Causes of Importance:

Dysentery, meningitis, Sept 27, 1935
Gastro-enteritis, Sept 27, 1935

Name of operation Clinical Signs Date of

What last confirmed diagnosis Clinical Signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Data of injury 19-19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Schneider M.D.
(Address) 120 Main St, Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10971

1. PLACE OF DEATH

County

Dorchester

Registration Dist. No. 116

Village or City

Cambridge

Ward

Length of residence in city or town where death occurred

✓ yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

No. 191 Washington St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Infant Earls

WITHIN CORPORATE LIMITS OF

(a) Residence: No. 191 Washington St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Infant

6. DATE OF BIRTH (month, day, and year)

Oct. 6th 1935

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	5	11	0	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town)
(State or country)

Cambridge, Md.

13. NAME James Wright
14. BIRTHPLACE (city or town)
(State or country)

Richmond, Va.

MOTHER FATHER

15. MAIDEN NAME Lula Earls
16. BIRTHPLACE (city or town)
(State or country)

Cambridge, Md.

17. INFORMANT Lula Earls
(Address) 191 Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10-8 1935

19. UNDERTAKER Henry J. Baumum
(Address) Cambridge, Md.

20. FILED 10-8 1935 John Moore
(Address) Cambridge, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 6 (Month) (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Oct 6, 1935.

I last saw him alive on Oct 6, 1935; death is said to have occurred on the date stated above, at 6 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Infant Cambridge

Date of onset ?

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Moore M. D.

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
RECEIVED		
The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 6 1935	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SURVEY S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any; related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 8 A.M.,
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10973

1. PLACE OF DEATH

B. Dorchester

County

C. Cambridge, Md.

Village or City

No. 23Registration Dist. No. 106

St.

Ward

Length of residence in city or town where death occurred

13

yr.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Eeba M. Schneider(a) Residence: No. 200St. CambridgeWard. 3

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Eeba M. Schneider

6. DATE OF BIRTH (month, day, end year)

7/20/1897

7. AGE

Years

38

Months

✓

Days

1

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)MechanicGeneral192311. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Eeba M. Schneider

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Carry Pennington

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date 11/3, 1933

19. UNDERTAKER

(Address)

20. FILED 10-31, 1935

John Macar Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec335

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 9, 1935, to Oct 30, 1935I last saw him alive on Oct 30, 1935; death is said
to have occurred on the date stated above, etThe PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Tuberculosis
of the lungs

Date of onset

1933

Other Contributory Causes of Importance:

Diabetes

1934

Name of operation

✓

Date of

What test confirmed diagnosis? Clinical evidence

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

✓Date of injury 19

Where did injury occur?

✓

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

John Schneider, M.D.

(Signed)

(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis	NOV 6 1935	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Date of onset
Chronic interstitial nephritis	NOV 6 1935
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10975

1. PLACE OF DEATH

County Dorchester

Village or City Near Williamsburg, Md.

468

Registration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred 49 yrs.

No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Christiane Goehringer

(a) Residence: No. Hurlock, Md., R. F. D. St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
------------------	---------------------------	-----------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gustave V. Goehringer

6. DATE OF BIRTH (month, day, end year) March 11, 1859

7. AGE Years Months Days If LESS than
76 6 25 1 day, hrs.
or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home
10. Date deceased last worked at this occupation (month and year) June 1935
11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town)
(State or country) Egleton
West Virginia

13. NAME John Adam Giessmann

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Hanne Sophie Ebeling

16. BIRTHPLACE (city or town)
(State or country) Germany17. INFORMANT Miss Velma Goehringer
(Address) Hurlock, Md., R. F. D.

18. BURIAL, CREMATION, OR REMOVAL Place Linchester, Md. Date Oct. 9, 1935

19. UNDERTAKER J. J. Frampton & Son
(Address) Federalsburg, Maryland20. FILED Oct 8, 1935 - Chas. St. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October

6

1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 11, 1935, to Oct 5, 1935; death is said
to have occurred on the date stated above, at 1 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Excessive Stomach. Date of onset 1934

Other Contributory Causes of importance:

Angina Pectoris 10 days

Name of operation. Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Goehringer M.D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	NOV 6 1925	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

		Date of onset
	Attack of epilepsy	1 week ago
	Run over by street car	1 week ago
	Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10976

1. PLACE OF DEATH

County

Dorchester

Registration Dist. No.

116

Village or City

Cambridge

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. 23. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

No. X

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

70 Edgewood Ave

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male colored

Single

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

Tugan

6. DATE OF BIRTH (month, day, and year)

Oct. 4th 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

X

0

23

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Infant

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

none

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation ✓

12. BIRTHPLACE (city or town)

Cambridge, Ma.

(State or country)

MOTHER FATHER

13. NAME

Shelton Granby

14. BIRTHPLACE (city or town)

Wardford, D. C.

(State or country)

15. MAIDEN NAME

Betty Smith

16. BIRTHPLACE (city or town)

Cape Charles

(State or country)

17. INFORMANT

(Address)

Shelton Granby
70 Edgewood Ave Cambridge

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Oct. 3rd, 1935

19. UNDERTAKER

(Address)

Lewis H. Bayne
Cambridge, Md.

20. FILED

10-30, 1935

G. J. Moore Jr.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

10
(Month)27
(Day)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

10-22, 1935, to

10-27, 1935.

I last saw h. in alive on 10-27, 1935; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congestive heart disease? Unknown

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. S. Boyce M. O.

(Address) 222 First St., Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10977

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Dorchester

Village or City

Cambridge

Length of residence in city or town where death occurred

3 yrs.

mos.

4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 116

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Eastern Shore State Hospital

2. FULL NAME

(a) Residence: No.

Denton

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Ella Griffith

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

Housework

Own home

1925

Lifetime

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Garrett J. Jones

FATHER

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Hannah Stand

MOTHER

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Greensboro

Oct. 31, 1935

19. UNDERTAKER

(Address)

R. B. Rawlings

Jacobs Rock Md.

20. FILED

10-27, 1935

John Wood

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 27th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 23, 1932, to Oct. 27th, 1935

I last saw her alive on Oct. 27th, 1935; death is said

to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis 1922
Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 912

If so, specify

(Signed) G. Charles LaFosse M. D.

(Address) Cambridge

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JULY 5 U.S.

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Date of onset

1 week ago

1 week ago

3 days ago

Example II

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County SomersetVillage or City CambridgeLength of residence in city or town where death occurred 30 yrs.

(3c)

Registration Dist. No. 116St. Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 154 Washington
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

1

4. COLOR OR RACE

col5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdward Backett

6. DATE OF BIRTH (month, day, and year)

July 28 1872

7. AGE

63

Years

2

Months

19

Days

19If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

Gen Handwork

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased (last worked at this occupation (month and year))

June 193311. Total time (years)
spent in this occupation 40

12. BIRTHPLACE (city or town)

(State or country)

PetersburgSomerset Co Md

MOTHER

FATHER

13. NAME

Richard Matthews

14. BIRTHPLACE (city or town)

(State or country)

PetersburgSomerset Co Md

15. MAIDEN NAME

Harriet (P)

16. BIRTHPLACE (city or town)

(State or country)

Petersburg

17. INFIRMARY

(Address)

Lulu Back150 Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place

Cordwane, MdDate 10-20, 1933

19. UNDERTAKER

(Address)

M. M. Clark308 Main St, Cambridge Md

20. FILED

(Date)

10/19/33G. G. Glan record

Registrar.

10978

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 17

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

June 17, 1933, to Oct 17, 1933I last saw h. alva on Oct 16, 1933; death is saidto have occurred on the date stated above, at 1:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage
Myocarditis Ch.
Arteritis by side
Enteritis acuteDate of onset
6-17-33
1934
6-17-33
10 day

Other Contributory Causes of importance:

Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIDENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. M. Clark M. D.(Address) 308 Main St, Cambridge Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10979

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County... Dorchester

Village or City... Cambridge

Registration Dist. No. 116

Length of residence in city or town where death occurred ... yrs. 10 mos. 23 ds. How long in U.S. If of foreign birth? ... yrs. ... mos.

83

No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Goldsborough Hastings

(a) Residence: No. Salisbury, Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 6, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
65	3	26		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmhand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 3 yrs. ago 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dover
(State or country) Delaware

13. NAME John Hastings

14. BIRTHPLACE (city or town) Unknown
(State or country) Del.

15. MAIDEN NAME Esther Hastings

16. BIRTHPLACE (city or town) Dover
(State or country) Del.

17. INFORMANT E. S. S. Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Oct 31st, 1935

19. UNDERTAKER Granville P. Leconte
(Address) Cambridge Maryland

20. FILED 10/1/35, 1935
Signature Charles Lapierre
(Address) Cambridge, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 1, 1935
(Month) (Day)
(Year)

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1934, to October 1, 1935. I last saw him alive on October 1, 1935; death is said to have occurred on the date stated above, at 12 Noon. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General paresis

Date of onset

Unknown

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Also, specify)

(Signed)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis	NOV 6 1935	1921
Cerebral hemorrhage		July 5, 1927

SURBAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10980

1. PLACE OF DEATH

County Dorchester

Village or City Williamsburg

Registration Dist. No. 110

St.

Ward

Length of residence in city or town where death occurred 3 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. _____
mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Andrew Hill

(a) Residence: No. Williamsburg

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	------------------------	------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Unknown 1886

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
About 49				

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer	Date of onset
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Farm	

10. Date deceased last worked at this occupation (month and year)	Oct. 4, 1935	11. Total time (years) spent in this occupation	3
		spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown17. INFORMANT Mrs. Letha James
(Address) Williamsburg, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Skinner's Run, Md. Date Oct. 22, 3519. UNDERTAKER J. J. Frampom & Son
(Address) Federalsburg, Maryland20. FILED Oct. 22, 1935 Chas. W. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

10
(Month)21
(Day)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from 10/20/35, 19, to 10/21, 19, 35

I last saw him alive on 10/20/35, 19; death is said to have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Labor Pneumonia

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) G. Roger Myers M. D.
(Address) 26 Calvert St., Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

Other contributory causes of importance:

Gallstones	
------------	--

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10981

1. PLACE OF DEATH

County Dorchester
 Village or City near Hurlock

119

Registration Dist. No. 110

St. _____ Ward _____

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Neda Hopkins

(a) Residence: No.

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.4. COLOR OR RACE C.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May 17, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or... min.
		5	15	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this occupation12. BIRTHPLACE (city or town)
(State or country)near Hurlock

MOTHER

FATHER

13. NAME Everett Hopkins14. BIRTHPLACE (city or town)
(State or country)HurlockMd.15. MAIDEN NAME Neda Cephas16. BIRTHPLACE (city or town)
(State or country)HurlockMd.17. INFORMANT Everett Hopkins
(Address) Hurlock, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Washington Cem. Data Oct. 18, 193519. UNDERTAKER Norial Powder
(Address) Hurlock, Md.20. FILED Oct. 17, 1935 Chas H. Hastings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct.

(Month)

17 (Day)19335 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sayre Psychiatric home at my office from 19 to 19.
 I first saw him alive on Oct. 18, 1935; death is said to have occurred on the date stated above, at 2 P.M.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Emphysema

Date of onset

Other Contributory Causes of Importance: Poor living

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) L. G. Dugan

M. O.

(Address) Hurlock, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County SussexVillage or City Cambridge

within corporate limits of

82-a

Registration Dist. No.

10982

St., Ward

Length of residence in city or town where death occurred 33 yrs.

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cecil Clash Humane(a) Residence: No. 5 - Wright

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSylvester Humane

6. DATE OF BIRTH (month, day, and year)

Nov. 10 1860

7. AGE Years 74 Months 11 Days 3 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Oct. 193311. Total time (years)
spent in this
occupation 5612. BIRTHPLACE (city or town)
(State or country)Cambridge
MD13. NAME Unknown14. BIRTHPLACE (city or town)
(State or country)Unknown15. MAIDEN NAME Julia Roberts16. BIRTHPLACE (city or town)
(State or country)Cambridge
MD17. INFORMANT Edgar Roberts
(Address) 5 - Wright St

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date Oct 22, 193519. UNDERTAKER M. M. Clark
(Address) 505 Main St Cambridge MD20. FILED 10/22/1935 James Moore Jr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October211935 (Year)22. I HEREBY CERTIFY, That I attended deceased from
October 17, 1935 to October 21, 1935I last saw him alive on October 20, 1935; death is said
to have occurred on the date stated above, at 7:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Hemorrhage
Hemiplegia
BronchopneumoniaDate of onset
10-17-35
10-17-35
10-19-35

Other Contributory Causes of Importance:

Acute Distortion

10-10-35

Name of operator none

Data of

What test confirmed diagnosis? ClinicalWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Conrad M. Clark M. D.(Address) One Cedar St. Cont My

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	NOV 6 1935	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SUDBAU V.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Other contributory causes of importance:		
Gallstones	May 1, 1928	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—**WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10983

1. PLACE OF DEATH

County

Dorchester

119

Registration Dist. No.

110

Village or City

Hurllock, Md

St.

Ward

Length of residence in city or town where death occurred

yrs.

6

mos.

14

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Rebecca Mae Hurllock

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

april 9 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.6
44

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER FATHER

13. NAME

Harvey Hurllock

14. BIRTHPLACE (city or town)

(State or country)

Md

15. MATURE NAME

Beasie Cokeran

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Harvey Hurllock

18. BURIAL, CREMATION, OR REMOVAL

Place and Market Oct 23 1935

19. UNDERTAKER

(Address)

F. B. Wallengren

20. FILED

(Address)

Dorchester

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

10
(Month)22
(Day)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

10/18 1935 to 10/22 1935

I last saw her alive on 10/22 1935; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Scarlet & Enteritis

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? AN

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. L. Knott

in

M. O.

(Address)

Federal Bldg., Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	NOV 6 1935

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10984

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Wichester
Village or City Elwood

Registration Dist. No. 110

St., Ward

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 21 - 1935

7. AGE

Years

Months

Days

11 LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)ElwoodMd.13. NAME
John Jones14. BIRTHPLACE (city or town)
(State or country)Maryland

15. MAIDEN NAME

Ada Pritchett16. BIRTHPLACE (city or town)
(State or country)ElwoodMaryland

17. INFORMANT

(Address)

Elwood MarylandPlace John Cemetery Date Oct 21, 1935

18. BURIAL, CREMATION, OR REMOVAL

Place John Cemetery Date Oct 21, 1935

19. UNDERTAKER

John Jones(Address) Elwood Maryland

20. FILED

Oct 21, 1935 Chas W Hastings

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct21, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19..... to

19.....

I last saw h. alive on

, 19.....; death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Born

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Chas W HastingsPermitteeElwood Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935	Date of onset
Chronic interstitial nephritis	BUREAU V. S.	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10985

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge,

(151)

Registration Dist. No. II 6

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Lapp/

(a) Residence: No. Boundary Ave.,

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

St. 4 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Separated

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Was Delva Lapp/

6. DATE OF BIRTH (month, day, end year) 5/17/1854

7. AGE

Years

Months

Deys

If LESS than
1 day, _____ hrs.
or _____ min.

81

5

12

OCCUPATION

12. BIRTHPLACE (city or town)

(State or country) Germany

MOTHER FATHER

13. NAME

Not Known

14. BIRTHPLACE (city or town)

(State or country) X

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (city or town)

(State or country) X

17. INFIRMANT Mrs. Morris Robbins
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMoval
Place Cambridge, Md., Date 10/30/35.19. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.

20. FILED 10 - 30, 1935

Registrar.

21. DATE OF DEATH

October 29th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

October 17, 1935, to October 29, 1935.

I last saw him alive on Oct 25, 1935; death is said

to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senility

arterio-sclerotic cardiac -
vascular disease

Other Contributory Causes of Importance:

Chronic diffuse nephritis

Name of operation none Date of

What test confirmed diagnosis? Cervical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wayne M. Faw
(Address) Cambridge, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NOV 6 1925	1915
Cerebral hemorrhage		1921
	KUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10986

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Registration Dist. No. 116

Length of residence in city or town where death occurred 2 yrs. 8 mos. 9 ds. How long in U. S. if of foreign birth? Yrs. mos. ds.

2. FULL NAME George E. Inc Blure

(a) Residence: No. Delmar Maryland Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
--------------------	-------------------------------	--------------------------------------------------------------------------

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Dora E. Scriven

6. DATE OF BIRTH (month, day, end year)

OCT - 16 - 1863

7. AGE Years <u>72</u>	Months <u>0</u>	Deys <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	----------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 06/29/1925

11. Total time (years) spent in this occupation lifetim

12. BIRTHPLACE (city or town)
(State or country) Wilmington
Mercer County Pa

13. NAME William Inc Blure

14. BIRTHPLACE (city or town)
(State or country) Wilmington
Mercer County Pa

15. MAIDEN NAME Doris Russell

16. BIRTHPLACE (city or town)
(State or country) Wilmington
Pa

17. INFORMANT Eastern Shore State Hosp. Records
(Address) Cambridge MD

18. BURIAL, CREMATION, OR REMOVAL
Place E.S.S.H. Cemetery Date Oct. 31, 1935

19. UNDERTAKER Grangeley & Co.
(Address) Cambridge, Md.

20. FILED Oct. 30, 1935 1st Month

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 30
(Month) Year

I HEREBY CERTIFY, that I attended deceased from Feb. 21st, 1935, to Oct. 30, 1935.

I last saw him alive on Oct. 30th, 1935, death is said to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Progressive Locomotor ataxia
Date of onset about 1920

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Charles J. Apierre M. D.
(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 8 1925	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V S	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928	Other contributory causes of importance:
		Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10987

1. PLACE OF DEATH

County Dorchester

25

Registration Dist. No. 110

Village or City Near Preston

St. Ward

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Meekins

(a) Residence: No. Preston, Maryland, R.F.D.

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	--------------------------	-------------------------------------------------------------------

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hobert Meekins

6. DATE OF BIRTH (month, day, end year) Jan. 18, 1912

7. AGE Years 23	Months 9	Days 13	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..	House work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..	Own home
10. Date deceased last worked at this occupation (month and year)	April 1935
11. Total time (years) spent in this occupation	Life

12. BIRTHPLACE (city or town) Caroline County
(State or country) Maryland

13. NAME John Jones

14. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Maryland

15. MAIDEN NAME Sadie Green

16. BIRTHPLACE (city or town) Caroline Co.
(State or country) Maryland17. INFORMANT John Jones
(Address) Preston, Md., R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Thompsonstown, Md. Date Nov. 3, 1935

19. UNDERTAKER J. J. Frampton & Son
(Address) Federalsburg, Maryland20. FILED NO. 3, 1935 Chas. W. Hastings
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 31, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 12, 1935, to Oct 31, 1935.

I last saw him alive on Oct 27, 1935; death is said to have occurred on the date stated above, at 3:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculous peritonitis
Peritoneal abscess following
Pelvic appendectomy
Had been in Cambridge General Hospital

Hospital practically a year, 1934-1935.

Other Contributory Causes of importance:

Persistent fistula—fecal fistula following laparotomy

Name of operation Incision & drainage of peritoneal abscess Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed)

(Address)

W. L. Knott
Federalsburg, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	6 1925
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Example II

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10988

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md. Hospital

72-a

Registration Dist. No.

III

X

St.

Ward

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Leroy Miller.

(a) Residence: ND.

Castle Haven, Md.

Dorchester Co.
St. 4 Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, end year) 3/28/1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	32	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	Student.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	X
10. Date deceased last worked at this occupation (month and year)	X
	11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town)
(State or country) Castle Haven,
Md.

13. NAME John Miller

14. BIRTHPLACE (city or town)
(State or country) Baltimore,
Md.

15. MAIDEN NAME Edith M. Dodson.

16. BIRTHPLACE (city or town)
(State or country) Cambridge,
Md.17. INFORMANT John Miller.
(Address) Dorchester Co. Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/22/35.19. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED 10-22-1935 John Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 20th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct. 20, 1935 to

I last saw him alive on Oct 20, 1935; death is said to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myeloid leukemia Date of onset Sept 1, 1935

Other Contributory Causes of importance:

Name of operation Bone Date of

What test confirmed diagnosis Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (VIDELNCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John Schneider M. D.
Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	NOV 6 1925	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935	Date of onset
Chronic interstitial nephritis	BUREAU U. S.	1915
Cerebral hemorrhage		1921

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10990

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester

Village or City Madison Md.

82-a

Registration Dist. No.

II6

No. X

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7.8 yrs. 7 mos. 14 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maranda Jane Mills.

(a) Residence: No. Madison, Md.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

White

Widowed

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Late BenJ. F. Mills.

6. DATE OF BIRTH (month, day, and year)

3/5/1865

7. AGE

69

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

7

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	X

11. Total time (years)
spent in this
occupation X

12. BIRTHPLACE (city or town)

(State or country)

Madison

Md.

MOTHER FATHER

13. NAME Wm. H. Tregoe.

14. BIRTHPLACE (city or town)

(State or country)

Madison,

Md.

15. MAIDEN NAME Caroline Kane

16. BIRTHPLACE (city or town)

(State or country)

Madison

Md.

17. INFORMANT Ira D. Sanders.

(Address)

Cambridge, Md. Madison, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Madison, Md.

Date 10/1/35.

19. UNDERTAKER Granville S. LeCompte.

(Address)

Cambridge, Md.

20. FILED 10-21-35 John Moore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October
(Month)19th, 1935
(Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19, 19

I last saw h. alive on summer 1.30 P.M.

to have occurred on the date stated above, etc. m.; death is said
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Central hemorrhage

Date of onset

Other Contributory Causes of importance:

You also form central
hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? 21

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John Steele

M. D.

(Address)

Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10991

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

Length of residence in city or town where death occurred

yrs.

mos.

10

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. 11

Ward Eastern Shore State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

Dear Centreville

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

Single

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)6e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 10 - 1861

7. AGE

Years 74 Months 2 Days 2 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) - 2 years ago12. BIRTHPLACE (city or town)
(State or country)Dear Bridgeton
Cape May - Maryland

13. NAME

Lemuel Morris

14. BIRTHPLACE (city or town)
(State or country)Dear Dover
Delaware

15. MAIDEN NAME

Puth Elizabeth Minor

16. BIRTHPLACE (city or town)
(State or country)Dear Henderson
Delaware17. INFORMATION
(Address)Eastern Shore State Hospital Record
Cambridge - Maryland18. BURIAL, CREMATION, OR REMOVAL
Place Hospital Cemetery Date Oct 12 1935

19. UNDERTAKER

Frank Allbaugh
Cambridge Md.20. FILED 10 - 12, 1935 John Morris
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 12th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

October 2nd, 1935, to October 12th, 1935; death is said

to have occurred on the date stated above, at 11:43 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral arteriosclerosis
Date of onset 1932

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles LaFevere M. D.
(Address) Cambridge - Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 6 1935	July 5, 1927
BUREAU V. S.		
Other contributory causes of importance:		

Gallstones

Date of onset

1915

Date of onset

1921

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County DorchesterVillage or City Rhodesdale, R. D.

10992

Registration Dist. No. 11D

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. 7 mos. - ds.

No.

St.

Ward

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy A. Payne

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

Feb 14. 1935

7. AGE	Years	Months	Days	If LESS than 1 day, or... hrs. min.
	7		27	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	11. Total time (years) spent in this occupation
X	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town)
(State or country) Md.13. NAME Dawson Payne14. BIRTHPLACE (city or town)
(State or country) Md.15. MAIDEN NAME Mildred Brown16. BIRTHPLACE (city or town)
(State or country) Del.17. INFORMANT Dawson Payne
(Address) Rhodesdale, R. D.18. BURIAL, CREMATION, OR REMOVAL
Place Cokesbury Date Oct. 12¹⁹3519. UNDERTAKER W. D. Gravenor & Bro.,
(Address) Sharptown, Md.20. FILED 10/11/35 Chas. M. Hastings
Regd.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 10

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct 7, 1935 to Oct 10, 1935I last saw her alive on Oct 10, 1935; death is said to have occurred on the date stated above, at 100 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Exertion.

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Pickleson M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Other contributory causes of importance:	Date of onset
Gallstones	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10992

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No.

116

No. 106 Academy St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

106 Academy

(Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

not determined

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

single

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 30 1935

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month end
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

MOTHER

FATHER

13. NAME

Henry Von Pohl

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Hattie Louise Burton

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT

Hattie Louise Pohl
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Disposed of at home Date: Oct 30th, 1935

19. UNDERTAKER

Disposed of at home

20. FILED

10-30-1935

John W. Johnson

Registrar.

Date of onset

21. DATE OF DEATH

Oct
(Month)30
(Day)1935
(Year)

22. I HEREBY CERTIFY

That I attended deceased from

Oct 30, 1935, to Oct 30, 1935

I last saw him alive on , 19 ; death is said

to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Premature Birth
(8 weeks)

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	NOV 6 1935
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10991

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge,

Registration Dist. No. II6

No. Cambridge Md Hospital.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia May Rawls.

(a) Residence: No. Bridge Street.

St. 3 Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
---------------	------------------------	------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

Infant

6. DATE OF BIRTH (month, day, and year) 6/10/1935

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	4		19	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

X

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Cambridge, Md.
(State or country)

13. NAME Charles C. Rawls.

14. BIRTHPLACE (city or town) Texas.
(State or country)

15. MATURE NAME Ethel Larrimore

16. BIRTHPLACE (city or town) Delaware
(State or country)17. INFORMANT Mrs Charles C. Rawles
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/30/35, 1919. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED 10 - 30, 1935 John Rawls
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 29th, 1935
(Month) (Day)5
(Year)

22. I HEREBY CERTIFY. That I attended deceased from October 26, 1935, to October 28, 1935.

I last saw her alive on October 28, 1935; death is said to have occurred on the date stated above, at 12:05 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchial Pneumonia 10-27-35
Data of onset

Other Contributory Causes of Importance:

Acute Gastro-Enteritis 10-26-35
Data of onsetName of operation None Data of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Frederick Simonsen M.D.
(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BURLAU V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10995

1. PLACE OF DEATH

County Dorchester

Village or City Golden Hill

53-L

Registration Dist. No.

II6

St.,

Ward

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Roxie Virginia Reddish.

(a) Residence: No. 404 Hughlette St. Cambridge, Md. I
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, and year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
70	unknown		

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country) Wicomico Co. Md.

13. NAME Alfred McAllister

14. BIRTHPLACE (city or town)
(State or country) Wicomico Co. Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Flossie Willey Adams,
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 10/21/35.

19. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.

20. FILED 10-21-35 John Wood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 19th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

19 Jl. to Oct. 19, 1935
I last saw her alive on Oct. 16, 1934; death is said
to have occurred on the date stated above, at 3:25 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Carcinoma of Bladder 1935

Date of onset

Other Contributory Causes of Importance:

Hypertension and a
Cardiac Arrest insufficing 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Data of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) *John T. Smith* M. D.
(Address) Cambridge - Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	NOV 6 1925	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10996

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 106
 Village or City Cambridge St. Ward
 No. 209 Cedar St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

2. FULL NAME

Tafout Redick

(a) Residence: No. 209 Cedar
 (Usual place of abode)

St. Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
<u>Female</u>	<u>colored</u>	<u>Single</u>

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

Tafout

6. DATE OF BIRTH (month, day, and year) Oct 6th 1935

7. AGE	Years	Months	Days	If LESS than day, _____ hrs. min.
<u>Stillborn 7 months</u>				

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>node</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>✓</u>
10. Date deceased last worked at this occupation (month and year)	<u>✓</u>
11. Total time (years) spent in this occupation <u>✓</u>	

12. BIRTHPLACE (city or town)
 (State or country) Cambridge, md

13. NAME	<u>Wilson Sturte</u>
14. BIRTHPLACE (city or town)	<u>Norfolk, va</u>

15. MAIDEN NAME	<u>Mary Redick</u>
16. BIRTHPLACE (city or town)	<u>Norfolk, va</u>

17. INFORMANT Mary Redick
 (Address) 209 Cedar St

18. BURIAL, CREMATION, OR REMOVAL
 Place Cambridge Date 10 - 8, 1935

19. UNDERTAKER Cleve St. Drygerson
 (Address) Cambridge, Md

20. FILED 10-8, 1935 John Mowd
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 6, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Oct 6, 1935, to Oct 6, 1935.

I last saw him alive on not at all; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn, cause unknown

Date of onset

?

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John Mowd M. D.

(Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	NOV 8 1935	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	LIREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10997

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen N. Reed.

(a) Residence: No. Cambridge, Md.

(Usual place of abode)

186-2

Registration Dist. No. II6

No. Cambridge Md. Hospital. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

St. 3 Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	-------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Wm. B. Reed.

6. DATE OF BIRTH (month, day, and year) 1862 Unknown	7. AGE Years 73	Months	Days	If LESS than 1 day, hrs. or min.
------------------------------------------------------	-----------------	--------	------	----------------------------------------

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X	
	10. Date deceased last worked at this occupation (month and year) X	11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Wicomico Co	(State or country) Md.
-------------------------------------------	------------------------

MOTHER FATHER	13. NAME Albert Reed.
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	14. BIRTHPLACE (city or town) Brookview
--	-----------------------------------------

	(State or country) Md.
--	------------------------

MOTHER FATHER	15. MAIDEN NAME Marggrett Lord
---------------	--------------------------------

	16. BIRTHPLACE (city or town) Brookview
--	-----------------------------------------

	(State or country) Md.
--	------------------------

17. INFORMANT Mrs Lillian Hubbard.

(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md. Date 10.30.35.

19. UNDERTAKER Granville S. LeCompte

(Address) Cambridge, Md.

20. FILED 10-30-1935 John Joseph

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 28th, 1935

22. I HEREBY CERTIFY. That attended deceased from

10/4/1935 to 10/29/1935; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Inflammation of heart

Date of onset

Other Contributory Causes of Importance:

Inflammation of heart, liver, lungs, ovaries, spleen

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/4/1935

Where did injury occur? other home

Specify city or town, county and State) (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. fell on steps at home

Manner of injury fell on steps

Nature of injury fracture head left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify injury to heart

(Signed) Guy Steele

(Address) Cambridge, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	NOV 6 1927	July 5, 1927
FURNISHED V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
FURNISHED V. S.		

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10998

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

Registration Dist. No. 116St. 3Ward 3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

George Edward Reiley

WITHIN CORPORATE LIMITS OF

(a) Residence: No. 16 OakleySt. 3 Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Child

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE oflechild

6. DATE OF BIRTH (month, day, and year)

Mar 25th 1926

7. AGE

Years <u>8</u>	Months <u>9</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
		<u>17</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
School child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
child

10. Date deceased last worked at this occupation (month and year)
none

11. Total time (years) spent in this occupation
now

12. BIRTHPLACE (city or town)
(State or country)
Cambridge, Md

13. NAME
George Reiley

14. BIRTHPLACE (city or town)
(State or country)
Poolestow Pa

15. MAIDEN NAME
Astha Wright

16. BIRTHPLACE (city or town)
(State or country)
Washington D.C.

17. INFORMANT
(Address)
George Reiley

18. BURIAL, CREMATION, OR REMOVAL
Place Buried Date Oct 04 1935

19. UNDERTAKER
(Address)
Harry A. Oderry

20. FILED Oct 14 1935 John M. Reiley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct12(Month)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Oct 3 1935 to Oct 12 1935I last saw him alive on Oct 6 1935; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Typhoid fever Sept 15 1935 Date of onset

Other Contributory Causes of importance:

EndocarditisOct 11 1935Name of operation none Date of ✓What test confirmed diagnosis? Medal Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury Oct 11 1935Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

J. H. Schneider M. D.(Address) 120 Main St., CambridgeMaryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	NOV 6 1935	1915
Chronic interstitial nephritis	NOV 6 1935	1921
Cerebral hemorrhage	NOV 6 1935	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10999

1. PLACE OF DEATH

County

Montgomery

99

Registration Dist. No.

116

Village or City

Cambridge RFD #1

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

James R. Rhea

(a) Residence: No.

Cambridge RFD #3

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

unmarried

5a. If married, widowed, or divorced

HUSBAND
(or) WIFE of

Sam Phillips

6. DATE OF BIRTH (month, day, and year)

1876

Unknown

7. AGE

59

Years

Months

Days

If LESS than

1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Sober

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Farming

10. Date deceased last worked at
this occupation (month and
year)

10/6-30

11. Total time (years)
spent in this
occupation 40 yrs

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

FATHER

Name

James R. Rhea

Md.

13. NAME

BIRTHPLACE (city or town)

(State or country)

14. MAIDEN NAME

N.R. James

Md.

15. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Medical Examiner

Cambridge Md RFD #1

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

10/9-35

19. UNDERTAKER

(Address)

Granville S. LeCompte

Cambridge, Maryland

20. FILED

Date

10-9-35

John W. Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct.

7

1935
(Year)

(Month)

(Day)

22. I HEREBY CERTIFY That I attended deceased from

19—

to

on

I last saw h. in dead on 10/9-35; death is said
to have occurred on the date stated above, at 6:00 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Cardiac Embolus

Other Contributory Causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

none

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

in

Date of injury 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

in

Nature of injury

in

24. Was disease or injury in any way related to occupation of deceased?

in

If so, specify

Guy Steele

M. D.

(Signed)

Guy Steele

(Address) Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

CEIVED

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Ran over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11000

1. PLACE OF DEATH

County Dorchester

Village or City Cambridge, Md.

82a

Registration Dist. No. II 6

M
N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

2. FULL NAME Sarah Chirstinia Robinson.

(a) Residence: No. 201 Locust Street.

St. I Ward.

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number) St. Ward

Length of residence in city or town where death occurred 50 yrs.

mos.

ds. How long in U. S. if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female

White

Widowed.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Late Everett Robinson.

6. DATE OF BIRTH (month, day, and year)

II/3/1854

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

12. BIRTHPLACE (city or town)

Lakesville

(State or country)

Md.

MOTHER FATHER

13. NAME

Wm. J. Montgomery

14. BIRTHPLACE (city or town)

Unknown

(State or country)

X

15. MAIDEN NAME

A. Jane Abbott.

16. BIRTHPLACE (city or town)

Unknown

(State or country)

17. INFORMANT

Miss Bertha Robinson.

(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Cambridge, Md.

Date 10/16th, 35.

19. UNDERTAKER

Granville S. LeCompte

(Address) Cambridge, Md.

20. FILED

10-15-1935

John Edward

Registrar.

CORPORATE LIMITS OF

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 18th, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 1935 to October 18th, 1935

I last saw her alive on Oct. 13th 11:30 PM, 1935; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Atherosclerosis
Cerebral haemorrhageDate of onset
Unknown
Jul 1935(The patient was ill several months type a
doctor was consulted, no exact date of illness unknown.)

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John Edward M. D.
(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	NOV 6 1925	1921
Cerebral hemorrhage		July 5, 1927
HOSPITAL V. S.		

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11001

1. PLACE OF DEATH

County Dorchester
Village or City Cambridge

97

Registration Dist. No. 116

Ward

Eastern Shore State Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Scott(a) Residence: No. Elton Md.

(Usual place of abode)

If U. S. Veteran specify WAR.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white Widowed

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Peoples

6. DATE OF BIRTH (month, day, and year)

March 29-1859

7. AGE

Years 76 Months 6 Days 16IF LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dets deceased last worked at this occupation (month and year)

Aug 1935 35 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Robert Scott

14. BIRTHPLACE (city or town)

(State or country)

15. MADIOEN NAME

Debora Holloman

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Eastern Shore State Hospital Records

(Address)

Cambridge - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elton Md. Date Oct 18, 193519. UNDERTAKER H. P. Pippin & Sons Inc.

(Address)

20. FILED Oct 15, 1935 John Smith

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October

(Month)

15th

(Day)

1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 14th, 1934, Oct. 15th, 1935; death is saidI last saw him alive on October 15th, 1935; death is saidto have occurred on the date stated above, at 9:35 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis Date of onset 1931

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles Lapierre M. D.(Address) Cambridge - Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

NOV 8 1925

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11003

1. PLACE OF DEATH

County Dorchester

Village or City Near Williamsburg, Md.

Registration Dist. No. 110

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. de.

2. FULL NAME Roy E. Seitz

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

Pulaski, Pa., R.F.D.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Velma A. Seitz
--------------------------------------------------------------------	----------------

6. DATE OF BIRTH (month, day, and year)	March 9, 1898
-----------------------------------------	---------------

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	37	7	9	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Steel Mill
10. Date deceased last worked at this occupation (month and year)	Oct. 9, 1935
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country)	Cabot Pa.
-----------------------------------------------------	--------------

13. NAME	William Seitz
----------	---------------

14. BIRTHPLACE (city or town) (State or country)	Pa.
-----------------------------------------------------	-----

15. MAIDEN NAME	Laura Scott
-----------------	-------------

16. BIRTHPLACE (city or town) (State or country)	Pa.
-----------------------------------------------------	-----

17. INFORMANT	Mrs. Velma A. Seitz (Address) Pulaski, Pa., R.F.D.#1
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18. BURIAL, CREMATION, OR REMOVAL	Placa Pulaski, Pa. Date Oct. 21, 1935
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19. UNDERTAKER	J. J. Frampton & Son (Address) Federalsburg, Maryland
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20. FILED	10/19, 1955 Chas H. Hastings Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October 18, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
10/12, 1935, to 10/18, 1935.I last saw him alive on 10/17, 1935; death is said
to have occurred on the date stated above, at 10 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Lobar Pneumonia
(Bilateral) 10/12/35
Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? _____ Data of injury _____, 19_____

Where did injury occur? _____

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

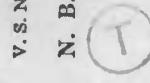
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D.

(Address) _____



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	Other contributory causes of importance:
	Gastroenteritis

Other contributory causes of importance:

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11003

1. PLACE OF DEATH

County Dorchester
 Village or City Cambridge Md

93-c

Registration Dist. No.

116

St. _____ Ward _____

Length of residence in city or town where death occurred 10 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)
 mos. _____ ds. How long in U.S. If of foreign birth? CORPORATE yrs. _____ mos. _____ ds.2. FULL NAME Mozie Stubbs(a) Residence: No. 20 Park Lane
 (Usual place of abode)St., 2nd Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>MARRIED</u>
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5a. If married, widowed, or divorced
HUSBAND of
 (or) WIFE of Frogie Stubbs6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE <u>36 yrs</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
----------------------	-------	--------	------	----------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Picking Cotton9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Teeth Shaving10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gum Swamp
 (State or country) Dor. Co. Md13. NAME Joseph Cephas14. BIRTHPLACE (city or town) Gum Swamp
 (State or country) Dor. Co. Md15. MAIDEN NAME Mary Cooper16. BIRTHPLACE (city or town) Gum Swamp
 (State or country) Dor. Co. Md17. INFORMANT Edgar Cephas (Brother)
 (Address) 300 High St. Cambridge Md18. BURIAL, CREMATION, OR REMOVAL
 Place Worrell Cemetery Data Oct 20, 193519. UNDERTAKER M. H. Clark
 (Address) 308 Main St. Cambridge Md20. FILED 10 - 19 - 1935 J. Johnson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct

(Month)

17 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 24, 1935, to October 16, 1935.I last saw her alive on October 16, 1935; death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myo-carditis Date of onset 1-1-35

Other Contributory Causes of Importance:

Refrigerator Acute duration 2 weeks
 four weeks conv.

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) O. H. Taft

M. D.

(Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

110/11

1. PLACE OF DEATH

County..... Dorchester
 Village or City..... Cambridge Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if foreign birth? yrs. mos. ds.

Registration Dist. No. 116

No. Cambridge Maryland St. 27 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

Abrah R. Stimis Esquire

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Single

Se. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 16 1935

7. AGE

Years

Months

Days

IF LESS than
1 day, _____ hrs.
or _____ min.

5 1 2 3

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

None

12. BIRTHPLACE (city or town)
(State or country)

Cambridge Md.

13. NAME

Abrah R. Stimis

14. BIRTHPLACE (city or town)
(State or country)

N.J.

15. MAIDEN NAME

Agnes Jackson

16. BIRTHPLACE (city or town)
(State or country)

Dorchester Co.

17. INFORMANT

(Address)

Abrah R. Stimis
East Ave Market

18. BURIAL, CREMATION, OR REMOVAL

Place: East Ave Market Date: Oct 12, 1935

19. UNDERTAKER

(Address)

Abrah E. Abrah

20. FILED

(Date)

10-12, 1935 John Murphy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 9
(Month) (Day)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

October 1st, 1935, to October 9th, 1935I last saw him alive on October 1st, 1935; death is said
to have occurred on the date stated above, at 2:40 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute Enteritis

Date of onset
1st October

Other Contributory Causes of importance:

Profound prostration & shock

MOTHER

FATHER

Name of operation.....

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury....., 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury.....

Nature of Injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John O. Meredith

M. D.

(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11005

1. PLACE OF DEATH

County Pearl RiverVillage or City Fishing CreekLength of residence in city or town where death occurred 5 yrs.

23

Registration Dist. No.

115

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Jefferson G. Barnes

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MaleW.Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofno

6. DATE OF BIRTH (month, day, and year)

6. AGE Years Months Days If LESS than
 27 6 6 1 day, _____ hrs.
 or _____ min.7. OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) July 193411. Total time (years) spent in this occupation 812. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Md.13. NAME Dennis George Barnes14. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Md.15. MAIDEN NAME Sara Elizabeth Barnes16. BIRTHPLACE (city or town)
(State or country) Fishing Creek, Md.17. INFORMANT William Barnes
(Address) Fishing Creek, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date Oct. 22, 193519. UNDERTAKER G. S. Beacom
(Address) Cambridge, Md.20. FILED Oct. 21, 1935 James W. Meader
LOCAL Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct. 21
(Month)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 21 1935, to Sept. 29, 1935. I last saw him alive on Sept. 29, 1935; death is saidto have occurred on the date stated above, at 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Influenza & Lung

Date of onset

Jan 1934

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did Injury occur? _____

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) James W. Meader, Local Registrar, D.
(Address) Fishing Creek, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	NOV 7 1935 1921
Cerebral hemorrhage	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11006

1. PLACE OF DEATH

County

Worchester

822

Registration Dist. No.

116

Village or City

Cambridge (R.F.D.)

St.

Ward

Length of residence in city or town where death occurred

52 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

George Warfield

If U.S. Veteran specify WAR

(a) Residence: No. Cambridge (R.F.D.) 1100 St. Bayley Ward.

None

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Unknown Widower

6. DATE OF BIRTH (month, day, and year)

1860

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

75 approximately

Barber

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

SILK MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

15 yrs

12. BIRTHPLACE (city or town)
(State or country)

Beckwith

Dor. Co., Md

13. NAME

James A. Holland

14. BIRTHPLACE (city or town)
(State or country)

Dor. Co. Md

15. MAIDEN NAME

Warfield

16. BIRTHPLACE (city or town)
(State or country)

Beckwith

Dor. Co., Md

17. INFORMANT

George Thomas

(Address)

Cambridge Md. Merion Newy

18. BURIAL, CREMATION, OR REMOVAL

Place

Bethel Cemetery

Lot 11A, 1935

19. UNDERTAKER

T.M.C. Cair

(Address)

208 Mayor St, Cambridge Md

20. FILED

Oct 11, 1935 John Moore Jr.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Oct 9th
(Month)1935
(Day)1935
(Year)22. THE BY CERTIF. That I attended deceased from
Oct 8th, 1935 to Oct 9th, 1935; Death is saidI last saw him alive on Oct 8th, 1935; Death is said
to have occurred on the date stated above, at 4:00 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:23. Primary Cause: General Paralysis
Secondary Cause: Cerebral hemorrhage

Date of onset

Other Contributory Causes of importance:

24. Name of operation: Bone Date

What test confirmed diagnosis? Bone Date Was there an operation?

25. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Bone Date

Where did injury occur? Bone Date

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE:

26. Manner of Injury: Bone Date

Nature of Injury: Bone Date

27. Was disease or injury in any way related to occupation of deceased?

If so, specify: George C. Bell

(Signed): George C. Bell

(Address): Cambridge, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	NOV 6 1935	Date of onset	1915
Chronic interstitial nephritis	PINEAU V. S.	Date of onset	1921
Cerebral hemorrhage		Date of onset	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car	Date of onset	1 week ago
Peritonitis	Date of onset	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11007

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge - Maryland No. Hospital
(If death occurred in a Hospital or institution, give its NAME instead of street and number)Registration Dist. No. 116

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hessey Wheately(a) Residence: No. East New Market, Md. St. Ward.
(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
--------------------	-------------------------------	-------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None6. DATE OF BIRTH (month, day, and year) October 24 1935

7. AGE Years <u>Still - born</u>	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
----------------------------------	--------	------	----------------------------------------------------

Still - born (Full term infant) None

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>None</u>	11. Total time (years) spent in this occupation
--------------------------------------------------------------------------------------------------------	-------------------------------------------------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Cambridge
Maryland13. NAME Ralph Wheately14. BIRTHPLACE (city or town)
(State or country) East New Market
Maryland15. MAIDEN NAME Helen Adams16. BIRTHPLACE (city or town)
(State or country) Cambridge
Maryland17. INFORMANT Ralph Wheately
(Address) S. E. market rd.

18. BURIAL, CREMATION, OR REMOVAL

Place S. E. market Date 10/21 193519. UNDERTAKER L. H. Willoughby
(Address) 17 N. Market Rd.20. FILED 1935 John Morris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

October241935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

October 24, 1935, to October 24, 1935

I last saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still - born infantPrincipal cause of death wasspina bifidaRelated cause: Hydrocephalus

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Lida O. Meredith M. D.(Address) Cambridge Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN